

CLASS C AMENDMENT FORM

Mail or Fax a copy of this form to: Public Service Commission of South Carolina Clerk's Office 101 Executive Center Dr., Ste 100 Columbia, S.C. 29210 PHONE (803) 896-5100 FAX (803) 896-5199	Need Assistance with completing the Form? SC Office of Regulatory Staff Transportation Department PHONE: (803) 737-0800
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DATE: _____

I have the following Certificate:

☒ Class C Taxi # 9629
☐ Class C Charter # _____
 ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____
 ☐ Class C Stretcher Van# _____

Please consider this as my request for the following amendment(s) to my Certificate:

☐ **Name Change**

From: _____ DBA: _____
 (Current Name) (Current DBA if applicable)

TO: _____ DBA: _____
 (New Name) (New DBA if applicable)

☒ **Scope of Authority**

From: Beaufort County To: Entire State SC
 (Current Scope) (New Scope)

☐ **Passenger Limit**

From: _____ To: _____
 (Current Limit Number) (New Limit Number)

Palmetto CAR Service LLC
 (Name & DBA if DBA is applicable)

Bluffton SC 29909
 (City, State, Zip Code)

631-767-5870
 (Telephone Number)

 (Street and/or Mailing Address)

[Signature]
 (Signature)

President
 (Title) Owner, President, etc.